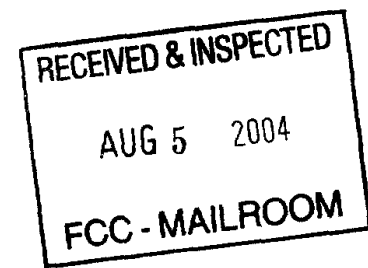


DOCKET FILE COPY ORIGINAL



Letter of Appeal  
CC Docket No. 02-6

South Winneshiek CSD  
203 W. South St.  
Calmar, Iowa 52132  
**Entity # 147629**  
**471 application #434739**

No. of Copies rec'd 0  
List ABCDE

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# *South Winneshiek Community School District*

203 W. South Street  
P.O. Box 430  
Calmar, Iowa 52132-0430  
Phone: 563.562.3226 Fax: 563.562.3228

RECEIVED & INSPECTED

AUG 5 2004

FCC - MAILROOM

South Winneshiek CSD  
203 W. South St.  
Calmar, Iowa 52132  
**Entity # 147629**  
**471 application #434739**

Contact: John Kerber  
Voice 563-562-3226  
Fax 563-562-3228  
John\_kerber@s-winneshiek.k12.ia.us

## **Letter of Appeal**

### Background:

This is a letter of appeal regarding denial of Form 471, **application # 434739**, for funding year 2004. The **billed entity number is 147629**.

The funding denial letter was dated July 29, 2004.

The Form 471 Rejection letter states,

The Form 471 submitted does not include at least one complete Block 4 Worksheet relevant to the "Type of Application" as selected in Block 1, Item 5. At least one Block 4 Worksheet relevant to the "Type of Application" must not be missing any information. If the application type is school or school district, a completed Block 4 worksheet A must be submitted.

As stated in the Minimum Processing Standards instructions for the Form 471, in order to avoid rejection, a complete Block 4 Worksheet must be submitted and no information can be missing.

### Reason for our appeal:

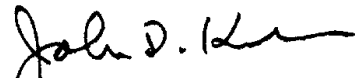
We contend that the Block 4 Worksheet is fully complete (see attached Block 4 Worksheet) and is relevant to the "Type of Application" as selected in Block 1, Item 5. Rather than having missing information, our Block 4 contained extra information. On the first line of Block 4 Worksheet A, Item 10b, we mistakenly re-entered the school district name and the district entity number, information that we had already provided once in the spaces directly above (see attached Block 4 Worksheet).

We wish to point out that there is no such eligible building as "South Winneshiek CSD." Our district does not have a separate administrative facility. We are requesting eligible services for only three schools/facilities:

- South Winneshiek Elementary
- South Winneshiek Middle School
- South Winneshiek High School

Because Block 4 Worksheet information on these three buildings is complete, we request that you find our appeal to be meritorious and allow our Form 471 to be successfully data entered.

John Kerber

A handwritten signature in black ink, appearing to read "John D. Kerber", with a stylized flourish at the end.

Technology Director

Scho  
Services

FY 07

NEC47102-05-0405100191

Applicant ID: 434739

Estimated Average Burden Hours Per Response: 4

This form asks schools and libraries to list the eligible telecommunications-related services they charges for them so that the Fund Administrator can set aside sufficient support to r

Please read instructions before beginning this application. (You can also file online at

The instructions include information on the deadlines for filing this

Applicant's Form Identifier:

04 / 05 LCL TELHS

(Create your own code to identify THIS Form 471)

**Block 1: Billed Entity Information** (The "Billed Entity" is the entity paying the bills for the services listed on this form.)

1 Name of Billed Entity SOUTH WINNESHIEK CSD

2 Funding Year: July 1, 2004 through June 30, 2005 3 Entity Number 147629

4 a Street Address, P.O. Box, or Route Number 203 W SOUTH ST

City CALMAR

State IA Zip Code 52132

b Telephone Number 563-562-3226 Ext. C Fax Number 563-562-3228

d E-mail Address john.kerber@s-winneshiekl2.ia.us

- 5 Type of Application
- ☐ School (public or non-public school)
- ☒ School District (LEA; public or non-public (e.g., diocesan) local district representing multiple schools)
- ☐ Library (library (i.e. outlet/branch, system))
- ☐ Consortium ☐ Check here if any members of this consortium are ineligible non-governmental entities.

6 a Contact Person's Name JOHN KERBER

First, fill in every item of the Contact Person's information below that is different from Item 4, above.  
Then check the box next to the preferred mode of contact. (At least one box MUST be checked.)

b Street Address, P.O. Box, or Route Number

City

State Zip Code

c Telephone Number Ext. d Fax

e E-mail Address

f Holiday/vacation/summer contact information:

22204

Entity Number 147629 Applicant's Form Identifier 04/05 LCLTELHS  
Contact Person John Kerber Phone Number 563 562-3226

### Block 2: Minor Modification to Existing Contract?

- 7 ☐ Check if this Form 471 represents a minor modification, such as a modification of services, to a Form 471 for which you already have a Receipt Acknowledgment Letter. Provide the data requested below, attach a Description of Services highlighting the modified service, and sign Block 6.

Form 471  
Application #:

Funding  
Request  
Number

Minor modification requests can be filed MANUALLY only. Please see [www.sl.universalservice.org](http://www.sl.universalservice.org) for filing instructions.

### Block 3: Impact of Services Ordered in THIS Application

- 8 Please provide your best estimate of the number of people who will be served by all of the services ordered in THIS Form 471. Schools/school districts complete 8a. Libraries complete 8b. Consortia complete 8a and/or 8b.

a Number of students  
to be served

b Number of library  
patrons to be served

- 9 The following questions seek summary outcome information based on the services ordered in this Form 471 application. Please complete only those rows that are relevant to THIS application.

IF THIS APPLICATION INCLUDES...		BEFORE ORDER	AFTER ORDER
a	(Schools/districts/consortia only) Telephone service: How many classrooms had phone service before and after your order?	<input type="text"/>	<input type="text"/>
b	High-bandwidth voice/data/video service: How many buildings served before and after your order?	<input type="text"/>	<input type="text"/>
c	High-bandwidth voice/data/video service: Highest speed to a building before and after your order?	<input type="text"/>	<input type="text"/>
d	Dial-up Internet connections: How many before and after your order?	<input type="text"/>	<input type="text"/>
e	Dial-up Internet connections: Highest speed before and after your order?	<input type="text"/>	<input type="text"/>
f	Direct connections to the Internet: How many before and after your order?	<input type="text"/>	<input type="text"/>
g	Direct connections to the Internet: Highest speed before and after your order?	<input type="text"/>	<input type="text"/>
h	Internet access (for schools): How many rooms have Internet access before and after your order?	<input type="text"/>	<input type="text"/>
i	Internet access (for libraries): How many buildings have Internet access before and after your order?	<input type="text"/>	<input type="text"/>
j	Internet access: How many computers (or other devices) with Internet access before and after your order?	<input type="text"/>	<input type="text"/>
k	Other technology outcomes: (please specify):	<input type="text"/>	<input type="text"/>

### Block 4: Discount Calculation Worksheets (pages 3a, 3b, and 3c)

The following 3 pages (3a, 3b, and 3c) are Block 4 worksheets for use in calculating your discount for services. You will complete one or more depending on the type of application you are filing. Each worksheet has instructions.

- If you are filing as a school or a school district, use Worksheet A (page 3a).
- If you are filing as a library (i.e. outlet/branch, system), use Worksheet B (page 3b).
- If you are filing as a consortium, use Worksheet C (page 3c), and include as many Worksheets A and B as you need for back-up documentation.



# Block 4: Discount Calculation Worksheet A for Schools/School Districts

Worksheet #A-

Page 1 of 1

(For Administrator's Use)

Instructions: If you are filling a School/School District application, use this worksheet to calculate the discount rate for site-specific services and/or to determine the weighted average discount calculations for shared services.

10a If you are:

- Applying for discounts ONLY for an individual school, or ONLY site-specific services: Complete columns 1-7 only for each school. Add and number pages as needed. Then use each school's Entry Number and its discount from Column 7 to complete Block 5 site-specific service to that school.
- Applying for discounts on services shared by ALL schools in the district (with or without site-specific services as well): Complete all columns 1-8 for all schools in the district. Then use the Weighted Average Discount in 10c (below) to complete Block 5 for shared services.
- Applying for discounts on different shared services shared by different groups of schools (with or without site-specific services as well): Complete one worksheet, columns 1-8 PLUS 10c, for EACH different group of schools sharing a service. Designate this worksheet A-1, A-2, A-3, etc.

10b List entities and calculate discount(s).

School District Name: SOUTH MINNESHA CSD School District Entry Number: 147629

1	2	3	4	5	6	7	8
Name of Eligible School	Entity Number	Urban or Rural U or R	Total # of Students	# of Students Eligible for NSLP	% Students Eligible for NSLP (Col. 5 ÷ Col. 4)	Discount % from Matrix	Weighted Product for Calculating Shared Discount (Col. 4 x Col. 7)
South Minnesha CSD	147629	R	214	63	29%	60%	128
South Minnesha Elementary	202603	R	119	34	29%	60%	71
South Minnesha Middle School	59866	R	119	34	29%	60%	71
South Minnesha High School	59849	R	283	53	19%	50%	42
Totals for calculating Weighted Average Discount			616				
10c Weighted Average Discount % for Shared Services (Col. 8 total divided by Col. 4 total. Round to nearest %)							
5%							



Entity Number	147629	Applicant's Form Identifier	04/05 LCLTEHS
Contact Person	John Kerber	Phone Number	563 562-3226

Entity Number 147629

Applicant's Form Identifier 04/05 LCLTELHS

Contact Person John Kerber

Phone Number 563 562-3226

**Block 5: Discount Funding Request(s)**

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

Block 5, page

1

of

1

**11 Category of Service** (only ONE category should be checked)

Telecommunications Service



Internet Access



Internal Connections

**12 Form 470 Application Number** (15 digits)

7 3 6 8 1 0 0 0 0 4 8 7 7 2 0

**13 SPIN - Service Provider Identification Number** (9 digits)

1 4 3 0 0 5 2 3 1

**14 Service Provider Name**

O W E S T

**15 Contract Number** (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions)

T

**16 Billing Account Number** (e.g., billed telephone number)

5 6 3 - 5 6 2 - 3 2 2 6

**17 Allowable Vendor Selection/Contract Date** (mm/dd/yyyy)  
(based on Form 470 filing)

0 1 1 9 2 0 0 4

**18 Contract Award Date** (mm/dd/yyyy)

M M D D Y Y Y Y

**19a Service Start Date** (mm/dd/yyyy)

0 1 1 9 2 0 0 4

**19b Service End Date** (mm/dd/yyyy)  
(use only for "T" or "MTM" services)

0 1 1 9 2 0 0 5

**20 Contract Expiration Date**  
(mm/dd/yyyy)

M M D D Y Y Y Y

**21 Description of This Service:**

You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided.

Attachment #

1

-

5

**22 Entity/Entities Receiving This Service:**

- a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service:
- b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1):

5 9 8 4 9

Recurring Charges

Non-Recurring Charges

Total Charges

**A. Monthly \$ charges** (total amount per month for service)

\$ 5 1 3 5 3

**B. How much of the \$ amount in (A) is ineligible?**

\$

**C. Eligible monthly pre-discount amount** (A minus B)

\$ 5 1 3 5 3

**D. # of months service provided in program year**

1 2

**E. Annual pre-discount \$ amount for eligible recurring charges**  
(C x D)

\$ 6 1 8 6 3 6

**F. Annual non-recurring (one-time) \$ charges**

\$

**G. How much of the \$ amount in (F) is ineligible?**

\$

**H. Annual eligible pre-discount \$ amount for one-time charges**  
(F minus G)

\$

**I. Total program year pre-discount \$ amount** (E + H)

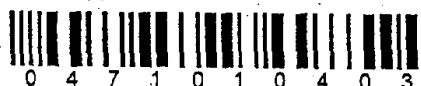
\$ 6 1 8 6 3 6

**J. % discount** (from Block 4 Worksheet)

5 0 %

**K. Funding Commitment \$ Request** (I x J)

\$ 3 0 9 3 1 8



Entity Number 147629Applicant's Form Identifier 04/05 LCLTELHSContact Person John KerberPhone Number 563 562-3226**Block 6: Certifications and Signature**

24 The entities listed in Block 4 of this application are eligible for support because they are: (Check one or both.)

- a ☒ schools under the statutory definitions of elementary and secondary schools found in the **No Child Left Behind Act of 2001, 20 U.S.C. Secs. 7801(13) and (38)**, that do not operate as for-profit businesses and do not have endowments exceeding \$50 million; and/or
- b ☐ libraries or library consortia eligible for assistance from a State library administrative agency under the Library Services and Technology Act of 1996 that do not operate as for-profit businesses and whose budgets are completely separate from any schools, including, but not limited to, elementary and secondary schools, colleges, or universities.

25 The entities listed on this application have secured access to all of the resources, including computers, training, software, maintenance, and electrical connections, necessary to make effective use of the services purchased, as well as to pay the discounted charges for eligible services from funds to which access has been secured in the current funding year. I certify that the Billed Entity will pay the non-discount portion of the cost of the goods and services to the service provider(s).

26 All of the schools and libraries or library consortia listed in Block 4 of this application are covered by:

- a ☐ an individual technology plan for using the services requested in this application; and/or
- b ☒ higher-level technology plan(s) for using the services requested in this application; or
- c ☐ no technology plan needed; applying for basic local and long distance telephone service only.

27 Status of technology plans (if representing multiple entities with mixed technology plan status, check both a and b):

- a ☒ technology plan(s) has/have been approved; and/or
- b ☐ technology plan(s) will be approved by a state or other authorized body; or
- c ☐ no technology plan needed; applying for basic local and long distance telephone service only.

28 I certify that the entities eligible for support that I am representing have complied with all applicable state and local laws regarding procurement of services for which support is being sought.

29 I certify that the services the applicant purchases at discounts provided by 47 U.S.C. Sec. 254 will be used solely for educational purposes and will not be sold, resold, or transferred in consideration for money or any other thing of value.

30 I certify that the entity(ies) I represent has complied with all program rules and I acknowledge that failure to do so may result in denial of discount funding and/or cancellation of funding commitments.

31 I understand that the discount level used for shared services is conditional, for future years, upon ensuring that the most disadvantaged schools and libraries that are treated as sharing in the service, receive an appropriate share of benefits from those services.

32 I recognize that I may be audited pursuant to this application. I will retain for five years any and all worksheets and other records that I rely upon to fill out this application, and, if audited, will make available to the Administrator such records.

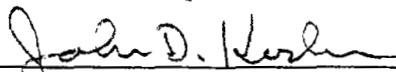
33 I certify that I am authorized to submit this request on behalf of the above-named entities, that I have examined this request, and to the best of my knowledge, information, and belief, all statements of fact contained herein are true.





Entity Number 147629 Applicant's Form Identifier 04/05 LCLTELHS  
Contact Person John Kerber Phone Number 563 562-3226

34. Signature of authorized person



35. Date

04/21/05

36. Printed name of authorized person

JOHN KERBER

37. Title or position of authorized person

TECHNOLOGY DIRECTOR

38a. Street Address, P.O. Box, or Route Number

203 W. SOUTH ST

City

CALM AR

State

IA

Zip Code

52132

38b. Telephone number of authorized person

563-562-3226

Extension

38c. Fax number of authorized person

563-562-3228

38d. E-mail address of authorized person

john\_kerber@s-winneshiek.k12.ia.us

Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001. The Americans with Disabilities Act, the Individuals with Disabilities Education Act and the Rehabilitation Act may impose obligations on entities to make the services purchased with these discounts accessible to and usable by people with disabilities.



Entity Number	147629	Applicant's Form Identifier	04/05 LCLTELHS
Contact Person	John Kerber	Phone Number	563 562-3226

**NOTICE:** Section 54.504 of the Federal Communications Commission's rules requires all schools and libraries ordering services that are eligible for and seeking universal service discounts to file this Services Ordered and Certification Form (FCC Form 471) with the Universal Service Administrator. 47 C.F.R. § 54.504. The collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended. 47 U.S.C. § 254. The data in the report will be used to ensure that schools and libraries comply with the competitive bidding requirement contained in 47 C.F.R. § 54.504. All schools and libraries planning to order services eligible for universal service discounts must file this form themselves or as part of a consortium.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. We will use the information you provide to determine whether approving this application is in the public interest. If we believe there may be a violation or a potential violation of a FCC statute, regulation, rule or order, your application may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation or order. In certain cases, the information in your application may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government is a party of a proceeding before the body or has an interest in the proceeding. In addition, consistent with the Communications Act of 1934, FCC regulations and orders, the Freedom of Information Act, 5 U.S.C. § 552, or other applicable law, information provided in or submitted with this form or in response to subsequent inquiries may be disclosed to the public.

If you owe a past due debt to the Federal government, the information you provide may also be disclosed to the Department of the Treasury Financial Management Service, other Federal agencies and/or your employer to offset your salary, IRS tax refund or other payments to collect that debt. The FCC may also provide the information to these agencies through the matching of computer records when authorized.

If you do not provide the information we request on the form, the FCC may delay processing of your application or may return your application without action.

The foregoing Notice is required by the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. § 3501, et seq.

Public reporting burden for this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the reporting burden to the Federal Communications Commission, Performance Evaluation and Records Management, Washington, DC 20554.

Please submit this form to:

**SLD-Form 471  
P.O. Box 7026  
Lawrence, Kansas 66044-7026**

For express delivery services or U.S. Postal Service, Return Receipt Requested, mail this form to:

**SLD-Form 471  
c/o Ms. Smith  
3833 Greenway Drive  
Lawrence, Kansas 66046  
(888) 203-8100**



ITEM #1  
ATTACHMENT #1  
APPLICATION #  
736810000487720  
04/05 LCL TEL HTS

CALMAR ATTENDANCE

CNTR

Bill Date: Nov 19, 2003

Account No: 563 562-3226 206

01ALNT005006000NW 000

▼ LOCAL SERVICES

MONTHLY SERVICE-NOV 19 THRU DEC 18	228.04
FEDERAL ACCESS CHARGE	39.36
FEDERAL UNIVERSAL SERV FUND	3.94
FEDERAL CHARGE - SERVICE PROVIDER NUMBER PORTABILITY	3.44
E911 SURCHARGE	5.44

**QWEST LOCAL SERVICES \$280.22**

\* ▼ UNREGULATED SERVICES

DIRECTORY ASSISTANCE	3.75
----------------------	------

**QWEST UNREGULATED SERVICES CHARGES \$3.75**

DIRECTORY ASSISTANCE

3 CALLS @ \$1.25 PER CALL 3.75

**TOTAL DIRECTORY ASSISTANCE 3.75**

\* ▼ LONG DISTANCE SERVICES

LONG DISTANCE	180.60
---------------	--------

**QWEST LONG DISTANCE SERVICES CHARGES \$180.60**

LONG DISTANCE CALLS

NO.	DATE	TIME	PLACE	AREA-NUMBER	TYPE	MIN	T	AMOUNT
DETAIL OF ITEMIZED CALLS				563 562-3226				
1.	OCT 21	1116AM	TO DECORAH	IA 563 382-0173	D	1.0		.20
2.	OCT 21	1143AM	TO CEDAR RPDS	IA 319 295-9862	D	1.0		.20
3.	OCT 21	1146AM	TO CEDAR RPDS	IA 319 295-9862	D	1.0		.20
4.	OCT 21	257PM	TO CRESCO	IA 563 547-1000	D	1.0		.20
5.	OCT 21	315PM	TO GUTTENBERG	IA 563 252-2341	D	1.0		.20
6.	OCT 22	803AM	TO DECORAH	IA 563 387-3334	D	2.0		.40
7.	OCT 22	1032AM	TO DECORAH	IA 563 382-8427	D	3.0		.60
8.	OCT 22	221PM	TO ELGIN	IA 563 426-5591	D	1.0		.20
9.	OCT 23	1126AM	TO DECORAH	IA 563 380-3601	D	12.0		2.40
10.	OCT 23	1156AM	TO POSTVILLE	IA 563 864-7425	D	3.0		.60
11.	OCT 23	652PM	TO ELGIN	IA 563 426-5551	E	2.0		.40
12.	OCT 24	912AM	TO DECORAH	IA 563 382-8427	D	3.0		.60
13.	OCT 24	915AM	TO DECORAH	IA 563 382-4231	D	2.0		.40
14.	OCT 24	1029AM	TO CASTALIA	IA 563 567-8383	D	2.0		.40
15.	OCT 24	120PM	TO DECORAH	IA 563 382-3637	D	3.0		.60
16.	OCT 24	139PM	TO DECORAH	IA 563 382-4231	D	4.0		.80
17.	OCT 24	252PM	TO WAUKON	IA 563 568-4156	D	1.0		.20
18.	OCT 24	253PM	TO WAUKON	IA 563 568-3753	D	1.0		.20
19.	OCT 24	302PM	TO STRAWBRYPT	IA 563 933-2218	D	3.0		.60
20.	OCT 24	315PM	TO DECORAH	IA 563 380-9569	D	1.0		.20
21.	OCT 24	442PM	TO DECORAH	IA 563 380-9569	D	2.0		.40
22.	OCT 24	456PM	TO DECORAH	IA 563 382-8744	D	2.0		.40
23.	OCT 24	1008PM	TO DECORAH	IA 563 382-4251	E	1.0		.20
24.	OCT 24	1009PM	TO CEDAR RPDS	IA 319 398-8258	E	1.0		.20
25.	OCT 27	1109AM	TO DECORAH	IA 563 380-3265	D	1.0		.20
26.	OCT 27	141PM	TO CEDARFALLS	IA 319 273-8230	D	1.0		.20
27.	OCT 27	234PM	TO DECORAH	IA 563 382-2634	D	3.0		.60
28.	OCT 27	244PM	TO DECORAH	IA 563 382-2634	D	6.0		1.20
29.	OCT 27	312PM	TO DECORAH	IA 563 387-3030	D	1.0		.20

ITEM 21  
ATTACHMENT #2  
APPLICATION # 736810000487920  
04/05/03 TEL H/S

▼ LOCAL SERVICES

MONTHLY SERVICE-NOV 19 THRU DEC 18	80.82
FEDERAL ACCESS CHARGE	9.84
FEDERAL UNIVERSAL SERV FUND	.98
FEDERAL CHARGE - SERVICE PROVIDER NUMBER PORTABILITY	.86
E911 SURCHARGE	1.36
LATE PAYMENT CHARGE ON \$120.99	1.81

**QWEST LOCAL SERVICES \$95.67**

\* ▼ UNREGULATED SERVICES

DIRECTORY ASSISTANCE	2.50
----------------------	------

**QWEST UNREGULATED SERVICES CHARGES \$2.50**

DIRECTORY ASSISTANCE

2 CALLS @ \$1.25 PER CALL	2.50
---------------------------	------

**TOTAL DIRECTORY ASSISTANCE 2.50**

\* ▼ LONG DISTANCE SERVICES

LONG DISTANCE	17.00
---------------	-------

**QWEST LONG DISTANCE SERVICES CHARGES \$17.00**

LONG DISTANCE CALLS.

NO.	DATE	TIME	PLACE	AREA-NUMBER	TYPE	MIN	T	AMOUNT
1.	OCT 21	307PM	TO DECORAH	IA 563 382-3691	D	3.0		.60
2.	OCT 22	805AM	TO DECORAH	IA 563 380-3092	D	1.0		.20
3.	OCT 22	832AM	TO DECORAH	IA 563 387-1767	D	3.0		.60K
4.	OCT 22	1050AM	TO DECORAH	IA 563 382-1300	D	1.0		.20
5.	OCT 22	1251PM	TO WAUKON	IA 563 568-3668	D	1.0		.20B
6.	OCT 22	1252PM	TO WAUKON	IA 563 568-3668	D	1.0		.20B
7.	OCT 24	1029AM	TO DECORAH	IA 563 382-5318	D	2.0		.40
8.	OCT 24	1034AM	TO WATERLOO	IA 319 234-4621	D	3.0		.60
9.	OCT 28	1036AM	TO DECORAH	IA 563 382-3637	D	1.0		.20
10.	OCT 28	1038AM	TO DECORAH	IA 563 380-9682	D	1.0		.20
11.	OCT 28	222PM	TO DECORAH	IA 563 382-2870	D	1.0		.20
12.	OCT 29	945AM	TO DECORAH	IA 563 387-1767	D	2.0		.40K
13.	OCT 29	1041AM	TO WEST UNION	IA 563 422-3811	D	2.0		.40
14.	OCT 29	338PM	TO WAUKON	IA 563 568-3668	D	2.0		.40B
15.	OCT 30	838AM	TO POSTVILLE	IA 563 864-3882	D	1.0		.20
16.	OCT 30	859AM	TO WAUKON	IA 563 568-3668	D	3.0		.60B
17.	OCT 30	1022AM	TO WAUCOMA	IA 563 776-6011	D	2.0		.40
18.	OCT 30	1258PM	TO NEW ALBIN	IA 563 544-4953	D	1.0		.20
19.	NOV 3	809AM	TO DECORAH	IA 563 387-0327	D	1.0		.20
20.	NOV 3	925AM	TO DECORAH	IA 563 387-0327	D	3.0		.60
21.	NOV 3	930AM	TO DECORAH	IA 563 382-9616	D	2.0		.40
22.	NOV 5	829AM	TO DECORAH	IA 563 382-8743	D	1.0		.20
23.	NOV 6	1048AM	TO DECORAH	IA 563 382-5448	D	3.0		.60K
24.	NOV 10	1215PM	TO WEST UNION	IA 563 422-5131	D	4.0		.80
25.	NOV 11	1006AM	TO DECORAH	IA 563 382-4209	D	4.0		.80
26.	NOV 12	806AM	TO DECORAH	IA 563 380-3508	D	1.0		.20
27.	NOV 12	955AM	TO WEST UNION	IA 563 422-3285	D	4.0		.80
28.	NOV 13	1020AM	TO WAUKON	IA 563 568-3668	D	3.0		.60B
29.	NOV 13	339PM	TO DECORAH	IA 563 382-2634	D	3.0		.60



For questions, call 1-800-777-9594

ITEM 21  
ATTACHMENT #3  
APPLICATION #  
7368100048723  
04/05 LCL TEL HS

SO WINNSK COMM  
SCHL-CHAPTER 1

Bill Date: Nov 19, 2003

Account No: 563 562-4031 258

Page 2

▼ LOCAL SERVICES

MONTHLY SERVICE-NOV 19 THRU DEC 18	25.60
FEDERAL ACCESS CHARGE	4.92
FEDERAL UNIVERSAL SERV FUND	.49
FEDERAL CHARGE - SERVICE PROVIDER NUMBER PORTABILITY	.43
E911 SURCHARGE	.68
SCHOOL INFRASTRUCTURE TAX	.27
TAX- FED .94 ST/LOC 1.59	2.53

QWEST LOCAL SERVICES

\$34.92

FOR YOUR INFORMATION

You are responsible for the payment of all charges on your bill. Failure to pay these charges may result in collection action as well as termination of the unpaid service. Your basic telephone service will not be disconnected for non-payment of charges for: (1) Qwest Unregulated Services (or other itemized services), (2) services of other Qwest companies, or (3) services of other companies included in your bill. Qwest packages of features and the amounts in the Account Summary may include both basic and charges that are not basic.





For questions, call 1-800-777-9584

ITEM 21  
ATTACHMENT #4  
APPLICATION #  
736810000487720  
04/05 LCT TEL HS

SOUTH WINNSHK COMM  
SCHOOLS-CHAPTER 1  
Bill Date: Nov 19, 2003  
Account No: 563 562-3720 217

Page 2

▼ LOCAL SERVICES

MONTHLY SERVICE-NOV 19 THRU DEC 18	51.20
FEDERAL ACCESS CHARGE	9.84
FEDERAL UNIVERSAL SERV FUND	.98
FEDERAL CHARGE - SERVICE PROVIDER NUMBER PORTABILITY	.86
SCHOOL INFRASTRUCTURE TAX	.53
TAX- FED 1.89 ST/LOC 3.18	5.07

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QWEST LOCAL SERVICES	\$68.48
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\* ▼ LONG DISTANCE SERVICES

LONG DISTANCE	2.80
SCHOOL INFRASTRUCTURE TAX	.03
TAX- FED .08 ST/LOC .17	.25

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QWEST LONG DISTANCE SERVICES CHARGES	\$3.08
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LONG DISTANCE CALLS

NO.	DATE	TIME	PLACE	AREA-NUMBER	TYPE	MIN	T	AMOUNT
DETAIL OF ITEMIZED CALLS 563 562-3720								
1.	NOV 6	954AM	TO WEST UNION	IA 563 422-5504	D	14.0	A	2.80
(TOTAL FOR 563 562-3720								2.80 )

Type of Long Distance Calls:  
D-DAY

T-TAX RATE APPLIED - A- 9.00%

TOTAL LONG DISTANCE CALLS	14.0	2.80
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FOR YOUR INFORMATION

You are responsible for the payment of all charges on your bill. Failure to pay these charges may result in collection action as well as termination of the unpaid service. Your basic telephone service will not be disconnected for non-payment of charges for: (1) Qwest Unregulated Services (or other itemized services) identified by an \* above, (2) services of other Qwest companies, or (3) services of other companies included in your bill. Qwest packages of features and the amounts in the Account Summary may include both basic and charges that are not basic.

ITEM #1  
 ATTACHMENT #5  
 APPLICATION #  
 736810000487720  
 04/05 LCL TEL HS

SOUTH WINNSHK COMM  
 SCHOOLS-CHAPTER 1  
 Bill Date: Nov 19, 2003  
 Account No: 563 562-3690 215

▼ LOCAL SERVICES

MONTHLY SERVICE-NOV 19 THRU DEC 18	25.60
FEDERAL ACCESS CHARGE	4.92
FEDERAL UNIVERSAL SERV FUND	.49
FEDERAL CHARGE - SERVICE PROVIDER NUMBER PORTABILITY	.43
SCHOOL INFRASTRUCTURE TAX	.27
TAX- FED .94 ST/CNTY 1.59	2.53

**QWEST LOCAL SERVICES**

**\$34.24**

**FOR YOUR INFORMATION**

You are responsible for the payment of all charges on your bill. Failure to pay these charges may result in collection action as well as termination of the unpaid service. Your basic telephone service will not be disconnected for non-payment of charges for:

- (1) Qwest Unregulated Services (or other itemized services),
- (2) services of other Qwest companies, or (3) services of other companies included in your bill. Qwest packages of features and the amounts in the Account Summary may include both basic and charges that are not basic.

